

REVIEW OF FORMATIVE RESEARCH IN THE AREA OF REPRODUCTIVE HEALTH

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Executed By: Ayesha Rifai

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ABBREVIATIONS

HE	Health Education
IUD	Intra Uterine Devices
KAPs	Knowledge, Attitudes, and Practices
MCH	Mother and Child Health
MOH	Ministry of Health
NGOs	Non Governmental Organizations
PA	Palestinian Authorities
PCBS	Palestine Central Bureau of Statistics
PFPPA	Palestinian Family Planning and Protection Association
PHC	Primary Health Care
RH	Reproductive Health
STDs	Sexually Transmitted Diseases
UNRWA	United Nations Relief Work Agency
UHCW	Union of Health Work Committees
UPMRC	Union of Palestinian Medical Relief Committees

INTRODUCTION

During the past few decades, a growing emphasis has been placed on utilizing health education tools and materials to raise health awareness among people in order to promote their health status. The notion that contributed to this trend is that information helps people learn, and/or teach others, to observe their own bodies, understand their normal changes, and know what is healthy and typical for them and what is not. On a larger scale it creates a sense of empowerment in people, allowing them to become more confident in articulating their health needs and utilizing available community health resources.

The case of Palestine is no exception to this. However, both documented literature and anecdotal observation indicate that Palestine lags behind many other Arab countries in the field of reproductive health and utilization of health education materials. This fact is related to a number of circumstances, the political disposition and the associated economic hardships being the most influential.

However, despite these obstacles, invaluable efforts and substantial recourses to rectify the gaps in this field are evident. The onset of these efforts date back to the period of occupation, namely the Intifada era. During this period Palestinian non-governmental organizations (NGOs) and international institutions adopted the primary health care (PHC) approach, of which reproductive health is considered a core element and/or a key strategy in service provision at the community and/or tertiary levels. After the arrival of Palestinian Authorities (PA), the work of the Palestine Ministry of Health (MOH) and its various directorates came to complement the NGOs' work by fostering this fundamental principle.

PURPOSE OF THE REPORT

This report aims at producing service-orientated health education and behavior change messages in the field of reproductive health, using a largely comprehensive and holistic approach. Aspired behavioral changes as we understand and define them are not only those of clients or care users, but also those of care providers as well. This view stems from the belief that they too need to modify certain behaviors that adversely affect the outcomes of the care giving process and consequently the health status of the public

in general. Hand washing and other practices of infection control are critical examples of this. The report focuses on behavior change messages for both health care providers and clients.

METHODOLOGY

In order to produce service-orientated health education and behavior change messages in the field of reproductive health within the Palestinian context, the following activities were carried out:

- A review of pertinent Palestinian literature on reproductive health and its clinical implications.
- Collection and review of available health education materials that are in use in both governmental and non-governmental health sectors.
- A critical analysis of available health education (HE) materials to define aspects of strengths and weaknesses so as to assess information gaps and potential areas for material development.
- Conduct of limited number of focus groups to validate the findings of this review and to develop final recommendations
- Outline priority areas in reproductive health for developing service-oriented HE messages for the use and benefit of service providers and clients at clinic sites.

LITERATURE REVIEW¹

Palestinian reproductive health literature is quite ample. Within the last few years it has markedly grown, particularly after the 1994 Cairo Conference on Population and Development. From a health education perspective, findings of different surveys and studies provide a large amount of data that represent valid indicators on the nature, focus, orientation and intensity of the health education messages that are needed in Palestine

In general, studies conducted to date in Palestine in the field of reproductive health can be categorized into four main areas: needs assessments, knowledge, attitudes & practices (KAPs) surveys, service provision, and socio-cultural oriented studies. An

¹ The Preliminary literature review completed by Dr.Green, the consultant of Care-International was consulted for our review.

extensive review of available literature executed by Rifai for the Palestine Ministry of Health² concluded that the main topics of 21 reviewed studies were related to: program management and priorities, gender and reproductive health, family planning services, the perinatal period, and service delivery availability, accessibility and utilization. Only a few studies have been conducted in Palestine that explore sensitive topics such as sexuality and the legal barriers to reproductive and sexual health (Rifai, 1998).

The 1997 Palestinian Central Bureau of Statistics (PCBS) health survey provides a wide range of data and statistics on maternal and child health (MCH) and reproductive health issues. It documents that most mothers use private clinics for prenatal care. This is particularly true for younger mothers. MCH health centres rank second, with the exclusion of mothers from refugee camps - they attend UNWRA clinics (PCBS 1997). Considering the comparatively high fees for services at private clinics and the economic difficulties experienced by most Palestinians this reasons behind this preference of service sector needs to be investigated.

Additional data and indicators on maternal health can be drawn from PCBS 's 1999 annual report on Palestinian children. It states that the five leading causes of infant mortality in the West Bank are sequentially: antenatal conditions, respiratory system diseases including infections, congenital anomalies, septicemia, and sudden infant death syndrome (SIDs). In Gaza the five leading causes are prematurity, respiratory system diseases including infections, congenital anomalies, SIDS, and septicemia (PCBS 1999).

Based on the above, the leading causes of infant mortality in the West Bank and Gaza - antenatal conditions and prematurity - are clearly related to the quality of health care pregnant women receive during their antenatal period. In addition, septicemia, another cause of infant mortality in the two regions indicates that the care women receive during their natal and postnatal period³, including the infection control measures and postnatal care provided for both mother and infant is also questionable.

² For the full details of this extensive review please see; Rifai, A., *Reproductive health research in Palestine: A Critical Strategy-Oriented Review*. Unpublished report. Directorate of Health Promotion and Education, Ministry of Health, 1999.

³ Predisposing host factors in neonatal septicemia include; maternal perinatal infections, low birth weight, prolonged rupture of membranes, and septic or traumatic delivery.

The 1997 PCBS health survey also indicated that only 33% of mothers received tetanus toxoid shots during recent pregnancies, with highest percentage receiving shots in camps, followed by villages then cities. (UNWRA's Expanded Maternal Health Project provides the most coverage for these shots through its MCH clinics.

Out of a total of 624 pregnant women who participated in the PCBS health survey, 38.8% reported having continuous headaches, 33.4% reported some kind of infection, 23.5% reported ankle swelling, and 19.6 hypertension⁴. Women also complained of bleeding and cramps but to a much lesser extent (PCBS 1997). These side effects could be indicative of serious complications. For example, a continuous headache might be a sign of anemia, while hypertension can be a sign of pre-eclampsia. These complications can have serious impact on the well being of both the mother and the fetus and signify the importance and investment health care providers need to make to build awareness about danger signs during pregnancy.

A survey conducted by PCBS in mid 1996 (a sample of 3350 women were drawn from both the West Bank and Gaza) indicated that only 9.1% of women reported receiving postnatal care from a medical doctor. This number is even lower - only 0.4% - for care received from a qualified midwife or nurse. 40.2% of these women reported not receiving any postnatal care (PCBS 1997).

The numbers above clearly reflect the inadequacies and/or poor quality of antenatal and postpartum care services in the country. Field observations and documented literature show that postpartum outreach services in particular are alarmingly deficient in the West Bank, and totally absent in Gaza.

Data on breast feeding patterns, apparently, back these findings. The 1997 PCBS health survey shows that in spite of the fact that almost 96% of the surveyed mothers breastfeed their babies, this percentage starts declining drastically once the infant reaches 3-5 months old. The percentage drops to 88.8% at 3-5 months, 73.9% at 6-8 months and 60.2% at 9-12 months. Interestingly, mothers with no education breastfeed longer than those with the lower level of formal education. Meanwhile, mothers in camps are more

For further details on Septicemia, please review American Academy of Pediatrics. *Report of the Committee on Infectious Diseases* (22ed.), 1991, Illinois, USA.

⁴ Please note that some women reported experiencing more than one sign.

likely to continue breastfeeding their babies than those mothers in cities or villages (PCBS 1997).

These findings validate the results of the assessment of standards of care that was carried out for the Pilot Health Project clinics which documented lack of breastfeeding knowledge and educational training amongst nurses and health workers (Younis & Hassanein, 1999).

An inquiry on maternal mortality initiated by UNRWA among the refugee population living in its five fields of operations revealed that eclamptic conditions were responsible for 8 out of 17 maternal deaths (Pappagallo 1993). Given that such deaths are clinically preventable, the high figure raises concerns about the thoroughness of the physical examinations, the identification of high risk cases, and the adequacy of the health education messages that women receive at the health facilities during antenatal visits.

The Younis & Hassanein 1999 assessment clearly showed that physicians lacked the appropriate skills to identify high-risk cases. More importantly, the assessment confirmed physicians' inadequate knowledge about managing pre-eclampsia and eclampsia conditions. Recommendations for improving screening of high-risk patients can be found in the Pappagallo study. They include: training staff on comprehensive antenatal care services, the development of action oriented screening cards and case management guidelines, and the development of referral and treatment guidelines. The study also stressed the importance of emergency preparedness in hospitals and clinics, health education and epidemiological research (Pappagallo 1993).

Another UNRWA study reported improved attendance at clinics - for antenatal, postpartum and family planning services - because of clinic staff's commitment and adherence to providing comprehensive counseling and health education sessions as major components of these services (Kaileh 1995).

The Women's Center for Legal and Social Counseling took this study a step further by declaring health education as the third priority area of work after clinical and preventive services, sequentially. The areas of health education highlighted as most important for inclusions in clinic services include mother and child health, reproductive health in general, sexual health, mental health, cancers, and chronic and infectious

diseases. Interestingly, counseling about nutrition as it applies to the various stages of a woman's life cycle was given lower priority. (Women Center for Legal and Social Counseling, undated).

Several studies carried out in the West Bank camps and Gaza depict high prevalence rates for anemia among Palestinian women, particularly in the West Bank camps. An UNRWA study reported 8.0% of pregnant women having anemia upon registration. This prevalence was even higher - 11.5% - when women were measured again during their third trimesters (UNRWA 1993). This raise in prevalence questions what sort of guidance and health education messages these pregnant women received during their antenatal care visits at the study sites.

A European Commission initiative to evaluate the maternal and child preventive health resources and services of Palestinians in Gaza Strip highlighted the need for a better referral system, particularly for the natal period. The study identified an unmet need for family planning services in terms of reliability of contraceptives supply (European Commission Initiative, 1997). Health professionals were asked about their view of the health facility they were operating within. Their most commonly shared concerns were poor communication between health providers and clients, poor management of the clinics and over crowdedness.

Poor communication skills and lack of counseling were also highlighted by staff of the Bethlehem branch of the Palestinian Family Planning and Protection Association (Mhaisen and Abu-Arqoub 1997) and similarly by the standards of care assessment conducted in the PHP clinics by Younis & Hassanein earlier this year. The assessment documented the need for better communication skills, particularly in the area of client provider interaction (Younis & Hassanein, 1999).

An earlier assessment of the provision of reproductive health care services in the rural areas of the West Bank raised concerns about quality control, supervisory and managerial aspects of clinic operations, and limited availability of training programs (Rifai Abu-Hwajj 1996). These concerns coincide well with the findings and recommendations made by Younis & Hassanein for on-job training, adequate systems of supervision and improved management (Younis & Hassanein 1999).

Suggested areas of intervention recommended in the Rifai Abu-Hwaij assessment include: gearing all efforts to changing the attitudes and perception of reproductive health, both at the local and national level; launching well-studied health education and awareness campaigns, primarily in the area of family planning and screening for sexually transmitted diseases (STDs); focusing on educating school children, boys and girls; and reaching and educating men in the work place (Rifai Abu-Hwaij 1996).

Two other studies came to similar conclusions, also documenting men's limited understanding of the concept of reproductive and sexual health, perceiving it primarily as a women's issue (Afifi and Isma'el 1997, Mhaisen and Abu-Arqoub 1997).

Institutionalizing gender in reproductive health issues and concerns requires having men's involvement in these areas. But their involvement cannot be achieved without adequate knowledge and understanding about the topic of concern by health providers. Health professionals and educators working at the community levels in particular need to be properly trained in order to provide appropriate health education messages to men regarding reproductive health issues.

The 1997 PCBS health survey reported a high level of knowledge of family planning methods - 98% of women reported knowledge of one or more methods of contraceptives. However, only 45% reported utilizing contraceptives. The survey reported social attitudes and perceptions of family planning as the main barrier to utilization of the various methods (PCBS 1997). A number of studies reported that in spite of the men's full awareness and acknowledgement of the social barriers facing women, most males show limited willingness to support women in overcoming these barriers (Abdalla 1997, Afifi and Isma'el 1997).

KAP studies have shown that the preferred method of contraception is the IUD followed by the pill and condoms (Kaileh 1993, Abu-Mousa 1994, and Afifi & Isma'el 1997). More has to be done to educate both men and women on the condom and its many benefits, especially the protection it provides against STDs.

Finally, an exclusive study conducted on sexuality and sexual behaviour found that both Palestinian men and women are quite receptive to sexual issues and were aware of the importance of education on sexuality (Tamish 1996).

HEALTH EDUCATION AND PALESTINIAN CHOICES: MODELS AND STRATEGIES

Health education is based upon the assumption that the health status of individuals or communities may be influenced purposefully. Opinions vary about how such influence can or should occur. Therefore the nature of health education varies with the underlying health aspirations, the knowledge base and available recourses (Kiger 1995). Other circumstances that are beyond the scope of the health system and institutions also play a role. Most important of all are the socio-cultural sensitivities and economic circumstances. This, further, implies that how information will be exchanged and acted upon in a clinical setting will be largely affected by the broader public policy context within which clinics operate in addition to the broader circumstances of individuals' lives.

Based on the above, approaches and models adopted are quite tentative. In Palestine, the medical model is the most widely used, followed by the media model, however, there is a substantial gap in the philosophical concepts and utilization of the two models⁵.

The first model has the strategy of generating and promoting clear and simple messages. This model is currently predominantly used in Palestine. The second model - the media model - has a strategy for creating and providing positive health images, in addition to increasing awareness. The media model is widely used in both developed and developing countries but is still lacking in this country.

During the past two years, the number of advocates who view communication of information between client and provider (i.e. client provider interaction) as a key element/component of an overall "IEC strategy"⁶ have increasingly grown in Palestine.

⁵ The medical model assumes that the facts will persuade, and the advice of experts is highly valued. While, the assumption of the media model is that people have to be manipulated to value health and adopt a healthy lifestyle.

For more elaboration on models of health education please review; Kiger A.M., *Teaching for Health* (2nd ed.). Churchill Livingstone. London:1995.

⁶ IEC, an acronym for "information, education and communication", has been defined by UNFPA as "a comprehensive programming intervention- an integral part of a country development program, which is aimed at achieving or consolidating behavior or attitude changes in designated audiences". For more details on this please see; Cohen, S.I., *Developing Information, Education*

This approach is one of the most comprehensive approaches to health education. It encompasses everything from mass media advertising campaigns, to plays and theater work with fertility regulation messages, and training programs that teach health professionals how to deliver friendly and supportive counseling services to both sexes, particularly in the fields of family planning, STDs, and reproductive cancers.

HEALTH EDUCATION MATERIALS: REVIEW AND ANALYSIS

Identifying available health education materials in the field of reproductive health was largely facilitated by acquiring a copy of the first draft of a directory on the health education materials. The directory is being developed and produced by the National Committee for Health Education. Interestingly the directory reflects a distorted understanding of “reproductive health” as a concept. It adopts a more traditional understanding of the concept clearly differentiating between materials on family planning and reproductive health.

The directory categorized reproductive health materials into four categories: “family planning”, “reproductive health”, “infectious diseases” and “others. In terms of format and presentation, most materials were either brochures, posters and booklets. To a much lesser extent, calendars and flip charts were also identified. Surprisingly, audiovisuals such as videotapes was not documented in the directory at all. Field observations, however, indicate that videotapes are actually available and are in use⁷.

The tables below provide a presentation of all reproductive HE materials that have been produced to date in Palestine. They have been classified by topic area so that it will be easy to determine the strengths and weaknesses of the materials and to identify gaps within each topic area.

and Communication (IEC) Strategies for Population Programmes, Technical Paper No.1 (New York: UNFPA, 1994), 3.

Or: Coliver, S., Article 19: International Center Against Censorship. *The Right To Know: Human rights and access to reproductive health information*. Article 19 & University of Pennsylvania Press, 1995

⁷ A number of NGOs and international institutions, in particular, possess small video libraries with some very useful videotapes on reproductive health matters as well as many other issues. Of these; The Palestinian Family Planning and Protection Association (PFPPA), Union of Health Work Committees (UHCW) and Union of Palestinian Medical Relief Committees (UPMRC) are few examples.

Table 1: Health Education Messages on Adolescents Reproductive Health

Topic Area	Type of Material	Target Group	Organization that Produced Material
-Early marriage	-Brochure -calendar component -Brochure - Poster	-Unspecified - Local community -Adolescent girls (15 and above) -Women generally -Women's health program staff	-UHCW -Women Center for Legal & Social Counseling. -UPMRC, UNICEF & MOH -UPMRC
-Age of adolescence	-Booklet - A poster, a brochure & a flip chart	-Women - Adolescent girls (10-18)	- UHCW - Women's Center for Legal and Social Counseling.
-Relationships at adolescence	Brochure	- Adolescent girls (10-18)	
-Menstruation		-Adolescent girls (15 and above)	
-Personal Hygiene at adolescence		-Adolescent girls (10-18)	
-Pre-marriage counseling	- A poster & a booklet	-Women -Youth	-Directorate of health promotion and education/MOH -PFPPA
-Urinary tract infections	Booklet	-Adolescent girls	-UPMRC
-Health of the youth	Booklet	Youth	- Center for Development in PHC.

Looking at Table 1 above, it is evident that the brochure is the most widely used form for presenting the relevant health messages, followed by booklets and posters. Flip

charts are very rarely used in Palestine. Among the HE messages produced for adolescent health, early marriage was the most highlighted message. The NGOs (UHCW and UPMRC) produced most of the materials on this topic while groups like the Women Center for Legal and Social Counseling, produced materials that focus on early marriage from a women's rights perspective. The national and international (donors) concern of fertility regulation was probably a third contributor to this topic being given priority.

In terms of quantity and quality, among the NGOs, the Women Center for Legal and Social Counseling ranked highest, followed by UHCW. The quality of the materials relates mainly to the contents of the messages in terms of their preciseness and data contemplation.

Except for STDs and purely physical changes, sexuality, a central topic for this age group was not included or emphasized in any of the HE materials on adolescent health. This is in spite of the fact that the literature documents a marked support for education on sexuality among this age group (Tamish 1996). No institution has frankly addressed the many concerns on sexuality for this age group.

On gender integration, it is obvious that, excluding the HE materials produced by CDPHC, the PFPPA, and the UHCW, most materials produced are purely women-centered. The reasons behind this could be many, intentional and/or unintentional. It is important that gender-based HE messages be produced to avoid falling into the trap of viewing and dealing with reproductive health as solely a woman's issue. Teaching men of all ages about reproductive health is a practical way of helping them learn about how to carry their share of the reproductive burden. Most advocates of male involvement see this as a vital step in altering the gender roles in societies.

HE materials and tools for the perinatal period are limited and insufficient. Materials on post-natal care in particular are markedly lacking. This highlights the controversy and unjust social values which health providers, and the society as a whole has about reproduction. Although great worth is granted to women for having many children and bigger families their well being is not given equal priority. Data on maternal mortality rates present a distinct validation to this⁸.

⁸ According to the PCBS data, maternal mortality rates range between 60-140/ 100,000 live infant. The highest of these occur for women between the ages 15-19 and 50-54 years.

Table 2 below provides the details.

Table 2: Health Education Messages for Perinatal Period

Topics Area	Type of material	Target group	Organization that Produced Material
-Antenatal care -Pre-eclampsia -Post-natal care -Psychological changes during pregnancy,	Brochure	Mothers	UNRWA
		Pregnant mothers and public	CDPHC
-Signs of high-risk pregnancies -Factors of high-risk pregnancies	Poster	Pregnant mothers	-UNRWA
-Nutrition during pregnancy	-A poster & a booklet -Flip chart		-UPMRC, UNICEF & MOH. -UNRWA
-Regular antenatal visits as a clinic protocol		Women	-UPMRC
-Consanguineous marriage and pregnancy	Flip chart	Pregnant mothers	UNRWA
-common complaints during pregnancy -Safe motherhood	Booklet	Pregnant mothers	UPMRC
		Mothers	Directorate of health promotion and education

The above table indicates that all messages on the perinatal period are women-centered and client-focused. There is need to develop HE messages for providers as well. This is important given that a considerable number of leading causes of deaths among women and infants are linked to lack of proper infection control practices, poor antenatal care and failure to identify high risk cases including gestational diabetes, eclampsia and

pre-eclampsia⁹. While some HE messages are available for eclampsia and pre-eclampsia, gestational diabetes has been totally neglected. Not a single piece of material dealing with this issue was identified.

Interestingly, CDPHC, was the only institution that went beyond the traditional boundaries in dealing with the issue of reproduction, by addressing its pregnancy-related messages to the public in addition to pregnant mothers. In addition, the focus of the message was mainly psychological rather than factual. This further enhanced the particular material.

Other interesting observations include the great similarity between the materials produced by UNRWA and UPMRC. Surprisingly the MOH has not produced many messages or materials on the perinatal period despite the fact that it is one of the largest sectors that provides MCH and family planning services.

BCC materials about family planning are ample, especially in comparison to other areas. However, the quality of most of the materials is poor. Most of the messages are minimal and do not include information on the disadvantages or side effects of the contraceptive methods covered. This does not allow clients to make informed choices about contraceptive method they should

Tables 3 below clearly shows that within this aspect of care, HE messages were for both providers and clients. UNRWA in particular has produced the best family planning HE materials, followed by the PFPPA, the Women Health and Development Directorate/MOH, and UHWC. The order above may denote the political stance each institution has regarding family planning matters.

⁹ Please go to the material under literature review for the exact values and details.

Table 3: Health Education Messages on Family Planning

Topic Area	Type of Material	Target group	Organization that Produced Material
Health and family planning	Brochure	-Public and staff working in health education	-Palestinian Public health Association
-Family planning methods including; tablets, IUDs, pessaries and condoms. -Family planning for family health	Posters	-Women in reproductive age except for men as per condoms. -Palestinian Public	-Women health and development directorate/MOH (five different ones)
Family planning services	Brochure	-Pregnant women	-UNRWA
Family planning methods including; tablets, IUDs, and condoms.		-Nursing mothers except for men as per use of condoms.	-UNRWA
		-women in reproductive age	-PFPPA
	Booklets	-Pregnant women	-UNRWA
Benefits of family planning	-Brochure -Posters and flip chart	-Mothers	-UNRWA - Women health and development directorate/MOH
	- Calendar component -Booklet	-Local community -Palestinian Public	-UHWC -PFPPA
-Volunteer work at the family planning movement. -Training manual in Family planning		-Public & staff working in RH	-Center for development in PHC

Table 4: Health Education Messages on Breast Feeding

Area of concern	Form of presentation	Target group	Producing institution
Benefits of breast feeding	Brochure	-Mothers -Pregnant mothers	-Women health and development directorate/MOH -UNRWA -UPMRC
Successful breast feeding	Booklet	-Mothers	-Directorate of health promotion and education/MOH & UNICEF
-Correct positioning & counseling hints	Posters and a flip chart	-Mothers	-Women health and development directorate /MOH (4 different posters)
	Poster	-Adolescent women, fathers, pregnant and nursing mothers	-UNRWA

Breastfeeding is one of the major concerns of almost every institution that is active in the field of reproductive health (governmental, non-governmental or international). The Palestine MOH has invested a substantial effort in producing relevant HE materials on this topic. Materials have been produced by two of the ministry's directorates - the directorate of Health Promotion and Education and the Women Health and Development directorate. Although the quantity of materials produced by the MOH is satisfactory, the contents of the messages produced are not clear. Most of the materials contain long flowing messages with striking logos only.

Except for AIDS, STDs is another area of reproductive health that has received very little attention. Most of the materials identified were basically related to AIDS, (see Table 5 below). Although AIDS is the most dangerous STD, attention needs to be given to other STDs which are just as important since they can cause major diseases and can be fatal as well.

As documented in the literature, STDs are a major cause of Pelvic Inflammatory Diseases (PID) that can lead to infections of the reproductive organs, complications in pregnancy and birth, and infertility. Chlamydia is a STD that can cause major complications for women ¹⁰. Causative agents such as Chlamydia and E.coli can be transmitted to men during intercourse, which can lead to infection and suffering for both husband and wife.

Table 5: Health Education Messages on STDs including AIDS

Topic Area	Type of Material	Target group	Organization that Produced Material
-Protection against AIDS. -Investing in youth for the protection against AIDS - A message to all about AIDS - Control of the new infectious diseases including AIDS	Brochure	Public Local community -Public -Youth Local community	-Center for development in PHC -Directorate of health promotion and education. -MOH & WHO -PFPPA -UNRWA -Directorate of health promotion and education.
-The trainer's manual on STDs	Booklet	Health workers, trainers and youth	Center for Development in PHC
-Control of AIDS	Poster	-Local community -Mothers	-Center for Development in PHC -Directorate of health promotion and education.
AIDS and youth		Youth	PFPPA

¹⁰ For more details on this please see; About Pelvic Inflammatory Diseases (PID), Bureau of STD/AIDS, Virginia Department of Health, 1991.

Table 6: Health Education Messages on Women's Health
Beyond the Scope of Reproduction

Area of concern	Form of presentation	Target group	Producing institution
-Breast Cancer - Women's health beyond reproductive age(2 different ones)	Brochure	Public and staff working in health education, with one brochure targeting nurses.	The Public Health Association
-The concept of reproductive health	Poster	Local community	Women health and development directorate
-Early detection of breast and cervical cancer	Booklet	Women and school girls	UHWC
-The Pap. Smear	Poster	-Pregnant and nursing mothers -Local community	
-Breast and cervical cancer	-Calendar component		
-Women's health	-Brochure	-Parents and girls	
The Pap. Smear	Brochure	-Public and staff working in health education	UPMRC
	Poster	-Women	
-Breast cancer -Uterine cancer -Ovarian cancer Age of menopause	Brochure	Women	The directorate of health promotion and education
	-A brochure, a poster & a flip chart	-women after 45 years of age	-Women Center for Legal and Social Counseling
	-Brochure	-Middle aged women & public	-Center for development in PHC
	-Calendar component(2)	-Local community	-UHWC
Breast cancer	Poster	-Women at reproductive age	PFPPA

HE material produced and presented in the table above fall into three major categories. These include, breast cancer, cervical cancer and age of menopause. The outlook various groups have about menopause can be determined through the groups they

targeted. Some confined their target group to women within a given age group while others see it as a community concern within a broader context. The growing numbers of cancer cases and the role of women activists and advocates calling for a life cycle approach to women's health has increased visibility about this topic.

The HE messages and materials developed for the above categories are the best in terms of quality. They are all very informative and comprehensive, particularly the ones related to breast and cervical cancer.

Table 7: Health Education Messages on Reproductive Rights

Topic Area	Type of Material	Target group	Organization that Produced Material
Health rights (Two different ones) Childhood rights Women's rights	Brochure	Women All society women	Women Center for Legal and Social Counseling

The Women Center for Legal and Social Counseling has produced unique health messages related to women rights. The messages are geared towards awareness raising and are not specific to reproductive health and rights. However, in spite of this, these materials are central to improving the rights and in turn the health of women.

REPRODUCTIVE HEALTH PRIORITIES FOR HEALTH EDUCATION MESSAGES.

To better serve the long-term goal of providing comprehensive HE materials for both providers and clients, efforts should be made to produce comprehensive packages or sets of materials for each priority area in reproductive health (instead of producing fragmented pieces of work). However, given that the PHP is a pilot project - it does not include a comprehensive IEC strategy or the funding to do this. During this interim phase, however, a limited number of messages will be selected for prompt production under the PHP. Based on the above discussions regarding existing HE materials, the following reproductive health areas should be prioritized for the production of HE materials for the PHP::

1. INFECTION CONTROL

Given that health care providers are the major target group for this topic, an infection control manual for training providers to provide quality health care services using proper aseptic techniques with minimum incidences of contamination and infections is essential. Other materials that will be helpful include: an illustrative flip chart for providers; a poster and brochure for clients (with special emphasis on their rights in this matter); and stickers of various sizes to remind providers about the basic hygienic measures they need to adhere to while providing services in the clinic. A banner that is in the front yard of a major hospital or clinic can further enhance relevant concerns regarding infection prevention. However, the messages for the banner have to be carefully designed and the location for the banner needs to be thoroughly assessed.

2. PERINATAL PERIOD

Priority areas fall under three broad categories:

Prenatal Care

Given that the number of the pertinent HE messages in this category are limited - the only available booklet deals with nutrition during pregnancy - a lot of materials are needed to cover the various aspects of this topic. Client brochures or booklets that cover early pregnancy and self-care (e.g. bodily changes, workload, rest, sleep, clothing, smoking, personal hygiene, sexual intercourse, and environmental hazards), minor discomforts during pregnancy (e.g. morning sickness, heartburn, constipation, swollen veins, hemorrhoids, vaginal discharge, and backache) and dental care during pregnancy are essential. Fact sheets or flipcharts with similar information for providers can be helpful in training sessions or for quick reference at workstations.

Except for the clinical protocols addressed to providers in the clinic sites, there are almost no messages for clients about the scheduling of antenatal visits, or about high-risk pregnancies. A factsheet for clients outlining the danger signs during pregnancy for clients can be useful. Clinical protocols with on-site training for providers and factsheets and brochures that provide specific schedules for antenatal visits can be a back up tool and quick reference for providers and a more detailed piece of information for users.

In order for women to know when to go to a health facility and for men to appreciate and support a women's needs during this period an informative series of brochures should be developed that outlines all the risk factors during the prenatal period. Each brochure should cover a different risk factor. Special emphasis must be placed on medical conditions such as: anemia, diabetes, high blood pressure and pre-eclampsia.

Natal Care

Despite its importance, HE messages regarding the stages of labor and delivery are non-existent. Preparation for delivery, stages of labor, proper care during delivery, false and true labor, positions for delivery, psychological needs during delivery, pain killers during delivery, complications arising during labor, and specific indications for obstetric procedures and operations, are all important information that need to be provided to both providers and clients. Significant HE messages about obstetric procedures and operations can be included in flipcharts and posters for providers and brochures or booklets for clients

Post Natal Care

Given that only 7-9% of women in Palestine receive postnatal care, HE messages focusing on the postnatal period targeting both men and women and the community is essential for the PHP. The whole society should be made aware of the seriousness of this stage and for women to return to the clinics for check-ups at day 40. Messages should counter the social norm which wrongly perceive the delivery of the baby as the end point of reproduction. To increase postpartum care services, the promotion of home visits as an effective follow-up and preventative measure is essential. Adequate HE materials such as brochures and pamphlets should be produced for use during home and clinic visits. Checklists for providers outlining the elements of care to be provided during home visits are also useful.

3. REPRODUCTIVE MORBIDITY

The silent suffering of women, the fragile knowledge base of STDs among providers, the culturally associated taboos and stigmas, and the serious consequences

of these diseases, indicate the need to prioritize the development of HE materials on STDs for both clients and providers. A flipchart including information on each STD including its clinic management will provide a good guide for providers. Given the high prevalence of PID, a booklet summarizing the causes, classifications, symptoms, risk factors, treatment, complications, and prevention of PID is essential for clients.

4. FAMILY PLANNING

Although there is an abundance of HE materials on family planning in the West Bank and Gaza, there is still a need to provide quality materials that include more comprehensive information about each family planning method, including side effects and potential complications. A series of method specific brochures that include all pertinent information will allow people to make informed choices about the methods they adopt/use.

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